

Client#: 24664

HICKOMALL

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/01/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lipscomb & Pitts Ins., LLC 2670 Union Ave. Ext. Suite 100 Memphis, TN 38112 901 321-1000	CONTACT NAME: Deb Carter, CIC, CWCS PHONE (A/C, No, Ext): 901 321-1000 FAX (A/C, No): 9013211099 E-MAIL ADDRESS: debbiec@lpinsurance.com														
INSURED World Overcomers Outreach Ministries Hickory Ridge Mall CD Administration 6655 Winchester Rd Memphis, TN 38115	<table border="1"> <tr> <th data-bbox="774 457 1362 485">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1362 457 1487 485">NAIC #</th> </tr> <tr> <td data-bbox="774 485 1362 512">INSURER A : Seneca Insurance Company, Inc</td> <td data-bbox="1362 485 1487 512">10936</td> </tr> <tr> <td data-bbox="774 512 1362 539">INSURER B :</td> <td data-bbox="1362 512 1487 539"></td> </tr> <tr> <td data-bbox="774 539 1362 567">INSURER C :</td> <td data-bbox="1362 539 1487 567"></td> </tr> <tr> <td data-bbox="774 567 1362 594">INSURER D :</td> <td data-bbox="1362 567 1487 594"></td> </tr> <tr> <td data-bbox="774 594 1362 621">INSURER E :</td> <td data-bbox="1362 594 1487 621"></td> </tr> <tr> <td data-bbox="774 621 1362 657">INSURER F :</td> <td data-bbox="1362 621 1487 657"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Seneca Insurance Company, Inc	10936	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			CMP4900057	10/24/2015	10/24/2016	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$5,000
							PERSONAL & ADV INJURY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						
	<input type="checkbox"/> CLAIMS-MADE						
	DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N						E.L. EACH ACCIDENT \$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**** Supplemental Name ****

First Supplemental Name applies to all policies - World Overcomers Outreach Ministries Hickory Ridge Mall Inc.

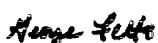
First Supplemental Name applies to all policies - Hickory Ridge Mall, Inc.

First Supplemental Name applies to all policies - Hickory Ridge Mall CD Corporation

(See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

Shelby County Government - Contracts Administration 160 N. Main St. Suite 550 Memphis, TN 38103	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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DESCRIPTIONS (Continued from Page 1)

3768 Winchester Rd Suite 514 & 3772 Winchester Rd Suite #516 encompassed within 6075 Winchester Rd Memphis,
TN 38115